

**REQUEST FOR COPY OF MARRIAGE CERTIFICATE**

VS-39M Revised: 6/26/07 10/1/2009

PLEASE PRINT

DO NOT MAIL CASH

<b>GROOM</b>	FULL NAME	FIRST	MIDDLE	LAST
<b>BRIDE</b>	FULL NAME BEFORE MARRIAGE	FIRST	MIDDLE	LAST
DATE OF MARRIAGE (MONTH/DAY/YEAR)		PLACE OF MARRIAGE TOWN		

PLEASE NOTE: IN ACCORDANCE WITH C.G.S. §7-51A, ONLY THE BRIDE, GROOM, OFFICIATOR OF THE MARRIAGE, TOWN CLERK OR REGISTRAR LISTED ON THE MARRIAGE CERTIFICATE, OR OTHER PERSONS AUTHORIZED BY THE DEPARTMENT OF PUBLIC HEALTH, SHALL BE ISSUED A CERTIFIED COPY OF A MARRIAGE CERTIFICATE CONTAINING THE SOCIAL SECURITY NUMBERS OF THE BRIDE AND GROOM. ALL OTHER REQUESTERS WILL RECEIVE A CERTIFIED COPY OF THE MARRIAGE CERTIFICATE WITHOUT THE SOCIAL SECURITY NUMBERS

**PERSON MAKING THIS REQUEST:**NAME: \_\_\_\_\_  
FIRST MIDDLE LAST NAMEADDRESS: \_\_\_\_\_  
NUMBER STREET

TOWN/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NO : \_\_\_\_\_

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE \_\_\_\_\_

SIGNATURE: **X** \_\_\_\_\_**THE LEGAL FEE IS \$20. PER COPY.**

NUMBER OF COPIES WANTED: \_\_\_\_\_ AMOUNT ATTACHED: \$ \_\_\_\_\_

FEE: ~~\$20~~ PER COPY. --- MADE PAYABLE TO THE TOWN/CITY OF MARRIAGE  
MAIL THIS REQUEST WITH PAYMENT TO THE TOWN CLERK AT THE TOWN/CITY OF MARRIAGE  
FOR TOWN CLERK ADDRESSES PLEASE SEE ALPHABETICAL LISTING BY TOWN  
at the Department of Public Health website: <http://www.dph.state.ct.us/pb/hist/townclerks.htm>